INFANT POST-DISCHARGE CARE INSTRUCITONS

Your baby has been discharged by his/her doctor. Best wishes are extended to you on behalf of the St. Elizabeth Family Birth Place. If you have any questions or concerns about your baby, call your baby's doctor.

For general information feel free to call us at the Edgewood Mother/Baby unit @ (859) 301-2360.

Our Lactation Consultants can schedule an appointment and/or provide additional assistance for breastfeeding questions or concerns. Weight checks are offered at the Lactation office Monday - Saturday between 1-2 pm. The Lactation Office is located next to the Mother/Baby Unit. Please call 859-301-2631 for any needs. Leave a message and someone will call you back.

It is important to follow the infant care and discharge instructions below.

Call Your Doctor if:

- Baby's jaundice (yellowish skin color) spreads down to tummy or thighs, or yellowish color to whites of eyes.
- Baby's rectal temperature is greater than 100 degrees F or lower than 97 degrees F.
- Baby is not feeding well or has a change in their eating pattern.
- Baby is breathing irregular or color is not pink.
- Baby has less wet diapers than its' age in days for the first week and at least 5-7 soaking wet diapers a day starting in week 2.
- Baby has repeated vomiting/excessive spitting or diarrhea.
- Redness or odor from the cord.
- Signs of dehydration (decrease in urine output or dry mouth).
- Limpness/difficulty waking baby for feeding.
- Any swelling or drainage from scalp probe site.
- Any other problems or concerns.

Infant Care and Discharge Instructions

BATHING - Your baby does not need a complete bath every day. Every 2 or 3 days is fine. Use mild soaps and shampoos. Sponge bathe your baby to avoid getting the drying umbilical cord wet. After the cord falls off and is healed, you may give your baby a tub bath. Always double check the water temperature before placing your baby in his/her bath. Never leave your baby unattended during bath time even when on a surface such as countertop or table.

BLUE BULB - The blue bulb can be used to suction mucous or milk from the back of your baby's throat. Because nasal suctioning can cause irritation and result in increased congestion, it should be avoided or used on a limited basis.

BOTTLE FEEDING - Feed your baby formula (not water) every 3-4 hours. Burp your baby every 0.5 to 1 oz. during feeding and again at the end of the feeding to reduce spitting up. It is

not necessary to sterilize the bottles or nipples. Wash them in hot sudsy water. Use tap or bottled water when preparing concentrated or powdered formula and follow the directions on the package exactly. Under or over diluting can lead to malnutrition or kidney damage. Store prepared formula in the refrigerator and use within 48 hours. Although most infants will tolerate formula at room temperature, you may choose to warm the formula by running warm water over the outside of the bottle. Do not microwave formula. It not only decreases the nutritional value of the formula, but it may also result in dangerous hot pockets from uneven heating. Once the formula has mixed with your baby's saliva, bacteria will begin to grow in the formula, therefore, any leftover formula should be discarded within an hour after feeding and new formula used for the next feeding. Frequent watery stools might indicate your baby is having trouble digesting the formula. However, it is recommended you **talk with your baby's doctor before making any formula changes.**

BREASTFEEDING - Offer the breast every 2-3 hours (8-12 times in a 24 hour period) or when hunger cues (lip smacking, hand to mouth, or mouth open) are present. During the first week, your baby will be sleepy and you may have to wake your baby for feedings. Changing your baby's diaper, undressing and putting him/her skin-to-skin with you are all ways to ready your baby to feed. The latch-on is the most important step in preventing sore nipples and aiding in the transfer of milk from the breast to your baby. Position your baby tummy to tummy. Aim the nipple to the roof of your baby's mouth. Wait for his/her open mouth and his/her tongue down and out. Bring your baby to the breast chin first with upper and lower lips flared evenly. Stimulate your baby as necessary to maintain sucking. Look for deep and deeper chin drops and listen for audible swallows ("Ca" sound). Allow the baby to feed until he/she self-detaches and is no longer interested in feeding. If the latch-on is uncomfortable, break the seal and re-latch the infant. The nipple should be rounded and non-tender after the feeding. It is only necessary to burp the infant when switching sides or before putting your baby down after the feeding. Giving your baby a bottle or pacifier within the first few weeks can cause nipple confusion and negatively impact your milk supply. Eating a well-balanced diet and drinking plenty of fluids helps to maintain good milk production. **Consult your doctor or the Lactation Consultant before taking any medications while you are breastfeeding.**

CAR SEAT - On all trips, no matter how short, your baby needs to be restrained in a federally approved car seat. Read the owner's manuals for your car and infant car seat to make sure it is installed correctly. It should be snug enough to not move more than one inch side to side. You should be able to fit only one finger between the strap and your baby's collarbone. **All infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by their car safety seat's manufacturer. NEVER place your infant's car safety seat where there is an activated airbag.** For more information about car seats visit https://www.cincinnatichildrens.org/service/c/ccic/injury-prevention/car-safety

CORD CARE - The remaining portion of the umbilical cord will dry an fall off by itself in 1-4 weeks. While it is not necessary to clean the cord with alcohol, it is important to keep it dry during this time. Be sure to fold the diaper away from the cord until it falls off. You may notice a clear to slightly blood-tinged discharge oozing from the naval a few days after the cord falls

off. **Call your baby's doctor if there is drainage that lasts longer than 2-3 days, or has a foul odor, or if there is redness in the surrounding skin.**

DIAPERING - Roll the top edge of the diaper down or use those with an umbilical cutout to keep the cord dry until it falls off. Check your baby's diaper before your baby goes to sleep, shortly after awakening, and before and after feedings. When your baby is wet or soiled, cleanse and dry the area to prevent diaper rash. Remember to wash or wipe little girls from front to back to avoid introducing infection causing bacteria into the bladder. When washing baby boys, be sure to lift the scrotum to remove any stool. Even small amounts of stool left in the area can cause irritation.

WET DIAPERS - For the first week of life, your baby should have at least on wet diaper for every day old that he/she is. After that, your baby should have at least 5-7 soaking diapers a day. **Call your baby's doctor if your baby has a decrease in urination.**

DIRTY DIAPERS - Your baby's stools will change from the black tar-like meconium to less sticky brownish-green stool before coming more seedy. Stools of bottle-fed infants are yellowish-tan and more formed. The frequency may vary from several times daily to once every 3-4 days. Stools of breast-fed infants are mustard-yellow and looser in consistency. In the first week, you should expect a minimum number of stools equal to the baby's age in days. After that you will see at least 5-7 stools a day - usually on with every feed. Whether bottle-fed or breastfed, diarrhea is characterized by stools that are frequent and excessively watery. Stools that are small, firm and pebble-like indicate constipation. **Call your baby's doctor if he/she has diarrhea for mor than one day, rectal bleeding or constipation that is causing your baby discomfort.**

CIRCUMCISION CARE - Apply a generous amount of antibiotic ointment/vaseline to the circumcision site every diaper change for 1-3 days. You may cleanse the site gently with mild soap, although rinsing with warm water is sufficient until it is healed. Healing skin appears as a yellow substance and should not be removed. **Call your baby's doctor if you notice any bleeding, unusual swelling, progressing redness, or if your baby fails to urinate within 24 hours after the procedure.**

UNCIRCUMCISED CARE - The uncircumcised penis requires no special care. Wash the area with soap and warm water. Do not force the foreskin back.

LITTLE GIRLS - Sometimes girl babies have milky white or slightly blood-tinged vaginal discharge. This is a normal response to the withdrawal of your hormones. It will go away after a week or so and requires no special care.

FINGERNAILS - Your baby's fingernails are very soft and thin. Extreme care should be taken when cutting them, because they can bleed easily if cut too close to the finger. It is best to cut them when your baby is sleeping.

HANDWASHING - Handwashing is the single most important method of reducing the spread of germs to your baby. **Wash your hands before handling your baby. Have others who wish to hold your baby do the same. Avoid exposing your baby to large crowds for several weeks.**

IMMUNIZATIONS - If you consented to the Hepatitis B vaccine, the first in the series was given to your baby at delivery. **Follow up with your baby's doctor for a schedule of other recommended immunizations.**

JAUNDICE - Jaundice is a common and usually harmless condition in newborns. It is caused from deposits of bilirubin in the skin as the baby's immature liver tries to breakdown excess red blood cells. Usually, normal feeding patterns will result in the bilirubin being carried away in the urine or stool. If the yellow color is limited to the whites of the eyes, or the skin on the face or chest, the bilirubin level is generally not dangerously high. **Call your baby's doctor if the jaundice is progressing to your baby's tummy or thighs or your baby is not feeding well.** Normally jaundice is the worst on the third to fifth day of life and goes away in about a week.

POSITIONING - Always place your baby on his/her back to sleep. Recent studies have shown an increased risk of Sudden Infant Death Syndrome in infants who sleep on their stomachs. However, it is recommended your baby enjoy some supervised "tummy time" while awake to promote muscle development and to avoid the flattening of the head that can result from spending too much time in on position. Do not place your baby to sleep on soft surfaces or in a crib with fluffy bedding, pillows or stuffed animals.

SAFETY - Never leave your baby alone in a car, on a bed, changing table or surface where he/she could fall.

Never shake your baby. You knew your baby would cry. But, dealing with a crying baby can be very hard, and parents often don't realize just how frustrating it is until you have tried everything to comfort your baby and he/she just keeps crying. No one thinks they will shake their infant, but research shows crying as the number one trigger leading caregivers to violently shake and injure babies causing brain damage, bone injuries or possibly death.

- **TIPS FOR CRYING -** Crying is how babies communicate to you. So how are parents supposed to know what their baby is trying to tell them? It can be tricky to interpret your child's cries, especially at first. Run through a checklist: Hungry, dirty diaper, tired, wants to be held, tummy troubles (gas, colic), needs to be burped, too hot or too cold, feeling overwhelmed, check for signs of illness.
- Try swaddling, side/stomach position against your body, shhhushiha, swinging, standing up and swaying, singing/humming, sucking, turn on some music or a mono-tone hair dryer/vacuum cleaner, give a warm bath, maybe take a ride in a car or stroller, call someone and ask for suggestions.

What do you do if your baby is still crying? TAKE A DEEP BREATH and know that you are not alone. All parents have felt the frustration, helplessness, and confusion you are feeling right now. It's part of parenting. Take deep breaths to release your tension, hand your baby to someone else in the family if possible, take a break. Please keep in mind, if you feel yourself feeling tense or angry, allow your child to cry in a safe place while you regain composure. It's O.K. if your baby cries while you calm down. **NEVER, NEVER** shake a baby.

SKIN CARE - Lotions and powders are unnecessary and can be irritating to your baby's sensitive skin. Avoid applying anything to your baby's hands as he/she will be placing them in his/her mouth.

SMOKING - Do not smoke around your baby or in rooms where your baby will spend time. It is harmful to your baby and has been linked to Sudden Infant Death Syndrome, as well as increased breathing and ear infections.

TEMPERATURE - Your baby's temperature can be taken under the arm or rectally with a digital thermometer. Infrared thermometers used in the ear are not accurate in the newborn. Mercury thermometers can break and expose your baby to harmful mercury. You do not need to check your baby's temperature unless he/she feels warm, acts ill, feeds poorly, or shows signs of breathing problems. **Call your baby's doctor if his/her temperature is less than 97 degrees or greater than 100 degrees taken under the arm.** Dress a full-term infant in one light layer more than you are comfortable in. Small infants may require an additional layer.

WEIGHT LOSS - Most infants will lose 5-10% of their birth weight in the first few days of life. Most will regain their birth weight within 10 days. **It is important that you visit your baby's doctor for check-ups so your baby's growth and development can be monitored.**

CALL YOUR BABY'S DOCTOR if your baby has a fever, repeated vomiting or diarrhea, decreased feedings, decreased output (urine or stools), extreme sleepiness, persistent and inconsolable crying, redness around the belly button, a new rash that covers a large portion of the body or one that is associated with fever, increasing jaundice, or drainage from the eyes, ears or nose.